**Please COMPLETE and email this form to:** **cinsw-screeningandpreventiondata@health.nsw.gov.au**

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| **SECTION 1:** Requestor details |
| First Name:  | Surname:  |
| Organisation: | Position: |
| Address:  |
| Suburb:  | State:  | Post Code:  |
| Phone: | Email:  |
| Request Date: | Click here to enter a date. |
| Request Due Date: | Click here to enter a date. |

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| **SECTION 2:** Please state briefly the reason you require CITTS data, including how you plan to use or release this data |
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| **SECTION 3:** Do you have ethics approval for your research project? *Note: approval from the NSW Population and Health Services Research Ethics Committee may also be required depending on the nature of the request* |
| [ ] Yes – Approved (please attach submission & approval)  | [ ] Pending Approval (please attach submission) |
| [ ] No  |  |

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| **SECTION 4:** Do you intend to publish the data? |
| [ ]  Yes  | [ ]  No |
|  |  |
| If yes please provide an estimate of the publication date: Click here to enter a date. |

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| **SECTION 5:** What type of data do you require? *Note: four separate modules are available*  |
| [ ]  Demographics Data |  |
| [ ]  Campaign Recall Data (*Note: does not include the most recent 12 months of activity*) |  |
| [ ]  Campaign Recognition and Diagnostics Data (*Note: does not include the most recent 12 months of activity*) |  |
| [ ]  Smoking and Quitting Data |  |

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| **SECTION 6:** Conditions of release |
| [ ]  I agree that I will abide by the Terms and Conditions for the disclosure of the CITTS data as outlined in the CITTS Data Access Policy. |

 Date

 Requestors Signature

Data Custodian Signature [ ]  Approved Date

**HPRM Reference (Office use only):** Enter TRIM Reference Number